



PARKS, RECREATION & CULTURAL SERVICES
City Hall ♦ 17500 Midvale Avenue North ♦ Shoreline, WA 98133-4921
Registration (206) 801-2600 ♦ Registration Fax (206) 801-2793
www.shorelinewa.gov/parks

2016 Recreation Program Scholarship Application

Scholarship Program Philosophy

The City of Shoreline wishes to make public recreation program opportunities available to all interested participants, and recognizes that financial hardships may hinder the ability to pay recreation program fees. To accommodate these special needs the City of Shoreline has provided scholarship funds for recreation programs for qualified applicants. Proof of eligibility is required. Any low-income City of Shoreline youth or individual with developmental disabilities who qualifies for Head Start, DSHS or public school free/reduced lunch is eligible.

The 2016 Scholarship Fund provides each qualified participant with **\$250 for the 2016 calendar year**, toward Recreation and/or Aquatics programs. *A Qualified Participant is a resident of the City of Shoreline and is either under 18 or an adult with disabilities.*

IMPORTANT:

If you wish to withdraw from a program after registering, you must call the Parks, Recreation and Cultural Services office at (206) 801-2600 *and are subject to the PRCS Department refund policy.*

SCHOLARSHIP ELIGIBILITY - To receive a scholarship, you must show proof of **one** of the following for one dependent in your family:

- ☐ A letter from Shoreline School District verifying eligibility for free or reduced lunch during the current school year
- ☐ A letter from Shoreline Head Start verifying your child's current enrollment in Head Start
- ☐ A letter from DSHS showing approval for services during the current year for a child in your family or an adult with disabilities. If you need a copy of your approval letter, call DSHS at (877)501-2233 and request a faxed copy to (206)801-2793.

DOCUMENTATION verified: (staff initials) _____

NOTE: If you have other special circumstances or a reason for reduced income requiring additional support, please contact the Parks, Recreation and Cultural Services office at (206) 801-2600. Special circumstances will be reviewed on a case-by-case basis.

Participant Name: _____ dob _____ M or F Participant Name: _____ dob _____ M or F
Participant Name: _____ dob _____ M or F Participant Name: _____ dob _____ M or F
Parent/Guardian Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address _____ E-mail address: _____
City _____ Zip Code _____
X Parent/Guardian Signature _____ Date _____

Please sign and date this form. We must have this completed form returned to us with your registration form.

FOR OFFICE USE ONLY

Application ☐ Approved by: _____ Date _____
Application ☐ NOT Approved by: _____ Date _____